

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

**ALTERNATIVE DISPUTE RESOLUTION SUMMARY**

**Provider must file completed form, in duplicate, with the U.S. District Clerk upon completion of ADR.**

1. Civil Action number: 3:16-CV-2965
2. Style of case: Total Rx Care, LLC v. Great Northern Insurance Company
3. Nature of suit: Insurance Coverage
4. Method of ADR used: ☐ Mediation ☐ Mini-Trial ☐ Summary Jury Trial
5. Date ADR session was held: January 22, 2018
6. Outcome of ADR (*Select one*):
  - ☐ Parties did not use my services. ☐ Settled, in part, as a result of ADR.
  - ☐ Settled as a result of ADR. ☒ **Parties were unable to reach settlement during the ADR session.**
  - ☐ Continuing to work with parties to reach settlement (*Note: provider must file supplemental ADR Summary Form at conclusion of his/her services*).

**No continued work scheduled, but the mediator's practice is to follow-up through inquiry on mediations that did not settle at a session and to be available to assist parties throughout the pendency of the case.**

7. What was your TOTAL fee: \$ 5,400
8. Duration of ADR: one day (i.e., one day, two hours)
9. Please list persons in attendance (including party association, i.e., defendant, plaintiff):

**Paul J. Van Osselaer, Mediator**

**For Plaintiff:**

**Robert M. Hoffman, attorney for Plaintiff (*see attached required info*)**

**M. Kaylan Dunn, attorney for Plaintiff (*see attached required info*)**

**Matthew Orwig, attorney (*see attached required info*)**

**Kevin Kuykendall, party representative**

**For Defendant:**

**Michael C. Steindorf, attorney for Defendant (*see attached required info*)**

**Neel Lane, attorney for Defendant (*see attached required info*)**

**Rafe A. Schaefer, attorney for Defendant (*see attached required info*)**

**Dave Anderson, party representative**

**Sandy Berger, party representative**

*Please provide the names, addresses, and telephone number of counsel on the reverse of this form.*

10. Provider information:



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**Paul J. Van Osselaer**

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**January 23, 2018**

Date

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**2305 Cheswick Court, Austin, TX 78746**  
Address

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**(512) 593-5104**  
Telephone

**Alternative Dispute Resolution Summary**

*Continued*

Please provide the names, addresses, and telephone numbers of counsel:

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**Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_